

CLAIMS ONLY							Application Number <i>10/01/239</i>	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend		
1	/						51	
2	/						52	
3	/						53	
4	/						54	
5	/						55	
6	/						56	
7	/						57	
8	/						58	
9	/						59	
10	/						60	
11	/						61	
12	/						62	
13	/						63	
14	/						64	
15	/						65	
16	/						66	
17	/						67	
18	/						68	
19	/						69	
20	/						70	
21	/						71	
22	/						72	*
23	/						73	
24	/						74	
25	/						75	
26	/						76	
27	/						77	
28	/						78	
29	/						79	
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32	/						82	
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35	/						85	
36	/						86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
Total Indep							Total Indep	
Total Depend							Total Depend	
Total Claims							Total Claims	